

ASSEMBLY BILL

No. 586

Introduced by Assembly Member Negrete McLeod

February 16, 2005

An act to add Section 1797.153 to the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 586, as introduced, Negrete McLeod. Medical disaster mobilization.

Pursuant to the Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is established within the California Health and Human Services Agency to administer the emergency medical services system to coordinate and integrate effective and efficient emergency medical services throughout the 58 counties of the state.

The EMS Act, in part, requires that the authority develop planning and implementation guidelines for emergency medical services systems which address specified components, receive implementation plans from local EMS agencies, assess each EMS area, and to provide technical assistance to local agencies for the purpose of developing the components of the EMS systems.

The EMS Act provides for coordination of services with other state agencies, establishes the Interdepartmental Committee on Emergency Medical Services to advise the authority in the regard, provides personnel standards, and provides for local administration of county EMS programs.

Existing law requires the authority, in consultation with the Office of Emergency Services, to respond to any medical disaster by

mobilizing and coordinating emergency medical services mutual aid resources to mitigate health problems.

Existing law, the California Emergency Services Act, subdivides the state emergency services organizations into mutual aid regions, as defined, for the purpose of facilitating the coordination of mutual aid and other emergency operations. The law defines an operation area for this purpose as an intermediate level of state emergency services organizational, consisting of a county and all political subdivisions within a county.

This bill would designate the operational area coordinator, in cooperation with various agencies, as the person responsible for ensuring the development of a medical and health disaster system, as defined. By requiring local agencies to comply with these requirements, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1797.153 is added to the Health and
- 2 Safety Code, immediately following Section 1797.152, to read:
- 3 1797.153. (a) The Medical/Health Operational Area
- 4 Coordinator (MHOAC), in cooperation with the county Office of
- 5 Emergency Services, the local departments of public health,
- 6 environmental health, and mental health, the local emergency
- 7 medical services agency, and the Regional Disaster
- 8 Medical/Health coordinator is responsible for ensuring the
- 9 development of a medical and health disaster system.
- 10 (b) A medical and health disaster system includes the
- 11 preparedness, response, recovery, and mitigation functions,
- 12 including at a minimum all of the following:

1 (1) Development and maintenance of medical and health
2 disaster plans, policies, and procedures for the operational area as
3 defined in subdivision (b) of Section 8559 of the Government
4 Code.

5 (2) Assessment of immediate medical needs.

6 (3) Coordination of disaster medical and health resources.

7 (4) Coordination of patient distribution and medical
8 evacuations.

9 (5) Coordination with inpatient and emergency care providers.

10 (6) Coordination with out-of-hospital medical care providers.

11 (7) Coordination of prehospital emergency services.

12 (8) Coordination of the establishment of temporary field
13 treatment sites.

14 (9) Health surveillance and epidemiological analyses of
15 community health status.

16 (10) Assurance of food safety.

17 (11) Management of exposure to hazardous agents.

18 (12) Provision or coordination of mental health services.

19 (13) Provision of medical and health public information and
20 protective action recommendations.

21 (14) Provision or coordination of vector control services.

22 (15) Assurance of drinking water safety.

23 (16) Assurance of the safe management of liquid, solid, and
24 hazardous wastes.

25 (17) Investigation and control of communicable disease.

26 (c) The county health officer and the county local EMS
27 agency, if any, shall act as a joint Medical/Health Operational
28 Area Coordinator (MHOAC). If the county health officer and the
29 local EMS agency administrator are unable to fulfill the duties of
30 the MHOAC, the local health officer and the local EMS agency
31 administrator shall jointly name another individual to fulfill this
32 responsibility.

33 (d) In the event of a local, state, or federal declaration of
34 emergency, the MHOAC shall coordinate disaster medical and
35 health resources within the operational area, and be the point of
36 contact for coordination with the Regional Disaster
37 Medical/Health Coordinator (RDMHC), the State Department of
38 Health Services, and the state Emergency Medical Services
39 Authority.

1 (e) By June 30, 2006, the State Department of Health Services
2 and the Emergency Medical Services Authority shall adopt
3 regulations and guidelines by which disaster medical and health
4 preparedness, response, recovery, and mitigation functions are to
5 be evaluated and carried out.

6 (f) The regulations shall include, but not be limited to,
7 establishment of an advisory committee to advise the State
8 Department of Health Services and the EMS authority on all
9 matters relating to disaster medical and health planning,
10 preparedness, response, recovery, and mitigation activities.

11 (g) Nothing in this section shall be construed to revoke or alter
12 the current authorities assigned to the local health officers, or
13 local EMS agencies, and nothing in this section shall be
14 construed to revoke or alter the current authorities assigned to the
15 State Department of Health Services or the EMS authority to
16 adopt regulations under existing law.

17 SEC. 2. If the Commission on State Mandates determines that
18 this act contains costs mandated by the state, reimbursement to
19 local agencies and school districts for those costs shall be made
20 pursuant to Part 7 (commencing with Section 17500) of Division
21 4 of Title 2 of the Government Code.